

REST AVAIL ARI F COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	/A/		04-15-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MM	572	06-15-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
-	Restricted	O	Objected

Claim	Final Original	1st Original	2nd Original	Date
1	✓	✓	✓	1/10/01
2	✓	✓	✓	
3	✗	✓	✓	
4	✓	✓	✓	
5	✓	✓	✓	
6	✓	✓	✓	
7	✗	✓	✓	
8	✓	✓	✓	
9	✗	✓	✓	
10	✓	✓	✓	
11	✗	✓	✓	
12	✓	✓	✓	
13	✓	✓	✓	
14	✓	✓	✓	
15	✗	✓	✓	
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23	✓	✓	✓	
24	✗	✓	✓	
25	✓	✓	✓	
26	✓	✓	✓	
27	✓	✓	✓	
28	✗	✓	✓	
29	✓	✓	✓	
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31	✓	✓	✓	
32	✗	✓	✓	
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If more than 150 claims or 10 actions
staple additional sheet here